

Andrea S. Jackson
Chairperson

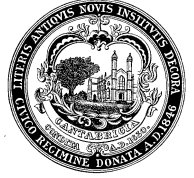
Chief Gerald R. Reardon
Fire Department
Commission Member

Commissioner Robert C. Haas
Police Department
Commission Member

Elizabeth Y. Lint
Executive Director

CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139



City of Cambridge

Medallion Inspection Packet 2014

Inspections begin on Monday, September 29 and end

Friday, October 10, 2014

Inspections are held Monday through Friday only

At the Department of Public Works Garage
147 Hampshire Street, Cambridge

Your appointment for inspection is on the schedule inside this packet. You may show up early for your inspection. However, any cab failing to show up for inspection by their scheduled date, without prior permission of the Hackney Office may be fined up to \$300.00.

Any cab failing to show up for inspection during inspection period, without prior permission of the Hackney Office, may be fined up to \$300.00 and/or have the Medallion removed from the vehicle and the taxicab taken off the road.

A copy of your Massachusetts RMV Registration must be submitted in order for your vehicle to be inspected.

Reminders:

All taxicabs must have and each driver must use waybills on every shift. Any driver caught without a waybill properly filled out during a shift may be fined up to \$300.00.

Filling out your waybill could protect you if a customer files an inaccurate complaint against you. Waybills are available for purchase at the License Commission Office.

Telephone (617) 349-6140

Facsimile (617) 349-6148

TTY/TTD (617) 349-6112

www.cambridgema.gov/license

All cabs must have a sign with their accepted methods of payment clearly posted for customers. If you only accept cash, a “Cash Only” sign must be prominently displayed. For those cabs that require a \$10.00 minimum on Credit card fare, a sign stating “Credit Card Accepted, \$10.00 Minimum” must be clearly posted within the customer’s view. Any cab without this posting may be fined up to \$300.00.

Hackney Inspection Calendar

	September 29	September 30	October 1	October 2	October 3
Day time	Monday Medallion #	Tuesday Medallion #	Wednesday Medallion #	Thursday Medallion #	Friday Medallion #
9-10 am	1-6	28-34	56-62	84-90	112-118
10-11	7-13	35-41	63-69	91-97	119-125
11-noon	14-20	42-48	70-76	98-104	126-131
12-1 pm	No	Inspections	Lunch	Break.	
1-2 pm	21-27	49-55	77-83	105-111	132-138
2-3	Recalls	Recalls	Recalls	Recalls	Recalls
	October 6	October 7	October 8	October 9	October 10
Day time	Monday Medallion #	Tuesday Medallion #	Wednesday Medallion #	Thursday Medallion #	Friday Medallion #
9-10 am	139-145	167-173	195-201	223-229	249-253
10-11	146-152	174-180	202-208	230-236	254-257
11-noon	153-159	181-187	209-215	237-243	Recalls
12-1 pm	No	Inspections	Lunch	Break.	
1-2	160-166	188-194	216-222	244-248	Recalls
2-3	Recalls	Recalls	Recalls	Recalls	Recalls

Spring/Fall Inspections

During Inspection, the following Items will be checked to make sure they are in proper working order:

1. Lights:
 - A. Headlights: High and low beams;
 - B. Rearlights: Stop, brake, back up and rear window brake;
 - C. Trouble Lights: Both Sides.

2. Horn.
3. Windshield Wipers.
4. Current Registry of Motor Vehicles inspection sticker.
5. Interior lights.
6. Floorboards.
7. Doors: must be able to open and close easily and safely.
8. Body damage: "waiting for insurance" will not be accepted as a reason for body damage.
9. Wheel covers (hubcaps). Must have all four.
10. Trunk. Clean with spare tire inflated and secured.
11. Tires. Tread amount will be examined.
12. Overall cleanliness.
13. Only washed cars will be inspected.

A	B	C	D	E
Item/Description	Comments	Inspected	Recommended	Required
Control Arm Bushings Front				
Stabilizer Bar Bushings/Link				
Lower Ball Joint				
Upper Ball Joint				
Wheel Bearings/Seals				
Strut Shock Absorber				
Struck/Shock Mounts				
Outer Tie Rod Ends				
Inner Tie Rod Ends				
Adjusting Sleeves				
Idler/Pitman Arms				
Center Lint				
Steering Gear/Rack & Pinion				
CV/U-Joints				
CV Joint Boots				
Tires/Wheels				

Taxicab Insurance Verification Form

Medallion Number: _____ Manufacturer: _____
 Model Year: _____ Model Name: _____ Color: _____
 Motor Vehicle ID Number: _____
 Mass. Registration Number: _____
 Effective Date: _____ Expiration Date: _____
 Owner's Name: _____
 Corporation Name: _____

Insurance Agent: _____

Name
Phone Number

Insurance Company: _____

Stamp

The undersigned certifies that the above medallion vehicle is currently insured.

Signature: _____ Date: _____

Medallion Number

Please list all drivers for each medallion by name, including Cambridge Hackney License Number, phone number and shift. We need to know who is operating the cab at all times.

Any change of drivers must be reported to the Hackney Division within 72 hours.

Name	Hackney #	Phone Number	Shift
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medallion Owners Medallion Number:

Owner Information

Owner Last Name

First Name

Middle Initial

Address

Apartment #

City

State

Zip Code

Phone Number

Corporate Name of Taxicab **Owner**

Corp Address

Apartment #

City

State

Zip Code

Manager/Lessee Information

Last Name

First Name

Middle Initial

Phone Number

Radio Service

Insurance Information

Insurance Agent

Insurance Agency Phone Number

Insurance Company

Mass RMV Plate #TA

Vehicle Year

Vehicle Make

Vehicle Model

Vehicle Type:

Color

Meter Information

Year Meter Sealed:

Receipt Meter

Serial Number

Seal Number on Flat Disk V-